

B1 (Official Form 1) (04/13)

United States Bankruptcy Court WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Legacy Home Health Agency, Inc.			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 74-2826236			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):		
Street Address of Debtor (No. and Street, City, and State): 6655 First Park 10 Blvd. San Antonio, TX			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP CODE 78213			ZIP CODE		
County of Residence or of the Principal Place of Business: Bexar			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIP CODE			ZIP CODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Legacy Home Health Agency, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="text-align: right;"> X _____ Date </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: right;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: right;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Legacy Home Health Agency, Inc.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____**X** __________
Telephone Number (If not represented by attorney)_____
Date**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)_____
Date**Signature of Attorney***

X /s/ WILLIAM R. DAVIS, JR.
WILLIAM R. DAVIS, JR. Bar No. **05565500**

Langley & Banack, Inc.
745 E Mulberry Ave.
Suite 900
San Antonio, TX 78212

Phone No. **(210) 736-6600** Fax No. **(210) 735-6889**4/8/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Legacy Home Health Agency, Inc.

X /s/ Ambrose Hernandez
Signature of Authorized Individual

Ambrose Hernandez

Printed Name of Authorized Individual

President

Title of Authorized Individual

4/8/2015

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Legacy Home Health Agency, Inc.**

CASE NO

CHAPTER **11****EXHIBIT "A" TO VOLUNTARY PETITION**

1. Debtor's employer identification number is <u>74-2826236</u> .		
2. If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file number is <u>N/A</u> .		
3. The following financial data is the latest available information and refers to the debtor's condition on <u>4/8/2015</u> .		
a. Total Assets	\$1,703,609.70	
b. Total Liabilities	\$456,791.39	
Secured debt	Amounts	Approximate number of holders
Fixed, liquidated secured debt	\$259,528.41	29
Contingent secured debt	\$0.00	0
Disputed secured debt	\$0.00	0
Unliquidated secured debt	\$0.00	0
Unsecured debt	Amounts	Approximate number of holders
Fixed, liquidated unsecured debt	\$95,379.65	19
Contingent unsecured debt	\$101,883.33	13
Disputed unsecured debt	\$101,883.33	14
Unliquidated unsecured debt	\$101,883.33	13
Stock	Amounts	Approximate number of holders
Number of shares of preferred stock		
Number of shares of common stock	1000	1
Comments, if any		
4. Brief description of debtor's business: <i>Home health care</i>		

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Legacy Home Health Agency, Inc.**

CASE NO

CHAPTER **11**

EXHIBIT "A" TO VOLUNTARY PETITION

Continuation Sheet No. 1

5. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 20% or more of the voting securities of the debtor:

Ambrose Hernandez - 100%

6. List the name of all corporations 20% or more of the outstanding voting securities of which are directly or indirectly owned, controlled, or held, with power to vote, by debtor:

None

I, **Ambrose Hernandez**, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing Exhibit "A" to Voluntary Petition, and that it is true and correct to the best of my information and belief.

Date: **4/8/2015**

Signature: **/s/ Ambrose Hernandez**
Ambrose Hernandez
President

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Legacy Home Health Agency, Inc.**

CASE NO

CHAPTER 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$50,000.00</u>
Prior to the filing of this statement I have received:	<u>\$50,000.00</u>
Balance Due:	<u>\$0.00</u>

2. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify)
3. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify)
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

4/8/2015

Date

/s/ WILLIAM R. DAVIS, JR.

WILLIAM R. DAVIS, JR.

Langley & Banack, Inc.

745 E Mulberry Ave.

Suite 900

San Antonio, TX 78212

Phone: (210) 736-6600 / Fax: (210) 735-6889

Bar No. 05565500

/s/ Ambrose Hernandez

Ambrose Hernandez
President

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Legacy Home Health Agency, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
PlayMaker 111 Southeast Pkwy. Court Franklin, TN 37064		Services	Contingent Unliquidated Disputed	\$58,423.00
Verizon P.O. Box 660108 Dallas, TX 75266-0108		Services		\$54,557.96
Fifth Third Bank 38 Fountain Square Plaza Cincinnati, OH 45263		Purchase money security interest		\$75,147.82 Value: \$48,750.00
Kingsville Home Rehab Services, Inc. 100 E. Kleberg Ave., Suite 210 Kingsville, TX 78363		Lawsuit	Contingent Unliquidated Disputed	\$20,310.00
Royston Razor 802 N. Carancahua, Suite 1300 Corpus Christi, TX 78401-0021		Attorney Fees	Contingent Unliquidated Disputed	\$20,000.00
Verizon P.O. Box 660108 Dallas, TX 75266-0108		Services		\$10,782.75

B4 (Official Form 4) (12/07)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Legacy Home Health Agency, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 1

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
CIT Technology Financial Services 21146 Network Place Chicago, IL 60673-1211		Services		\$5,663.01
Dahill P.O. Box 314 San Antonio, TX 78292-0314		Services		\$5,619.93
Verizon McCarthy, Burgess & Wolf 26000 Cannon Rd. Cleveland, OH 44146		Services		\$4,801.91
Allscripts 24630 Network Place Chicago, IL 60673-1246		Services		\$3,874.64
Navy Army Federal Credit Union P.O. Box 81349 Corpus Christi, TX 78468-1349		Purchase money security interest		\$7,885.40 Value: \$4,500.00
Navy Army Federal Credit Union P.O. Box 81349 Corpus Christi, TX 78468-1349		Purchase money security interest		\$9,432.28 Value: \$6,100.00
Yellow Pages		Advertising	Contingent Unliquidated Disputed	\$3,141.33

B4 (Official Form 4) (12/07)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Legacy Home Health Agency, Inc.**

Case No.

Chapter **11****LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS***Continuation Sheet No. 2*

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Protection One (Express Recovery Svc) P.O. Box 26415 Salt Lake City, UT 84126-0415		Services		\$2,840.92
Verizon McCarthy, Burgess & Wolf 26000 Cannon Rd. Cleveland, OH 44146		Services		\$2,563.80
Navy Army Federal Credit Union P.O. Box 81349 Corpus Christi, TX 78468-1349		Purchase money security interest		\$6,884.07 Value: \$4,500.00
Navy Army Federal Credit Union P.O. Box 81349 Corpus Christi, TX 78468-1349		Purchase money security interest		\$6,884.07 Value: \$4,500.00
Avaya Financial Services P.O. Box 93000 Chicago, IL 60673-3000		Services		\$2,331.54
Navy Army Federal Credit Union P.O. Box 81349 Corpus Christi, TX 78468-1349		Purchase money security interest		\$5,999.61 Value: \$4,500.00
Navy Army Federal Credit Union P.O. Box 81349 Corpus Christi, TX 78468-1349		Purchase money security interest		\$5,999.61 Value: \$4,500.00

B4 (Official Form 4) (12/07)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Legacy Home Health Agency, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 3

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the Corporation
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 4/8/2015

Signature: /s/ Ambrose Hernandez
Ambrose Hernandez
President

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE: **Legacy Home Health Agency, Inc.**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 4/8/2015

Signature /s/ Ambrose Hernandez
Ambrose Hernandez
President

Date _____

Signature _____

Admiral Linen
2030 Kipling
Houston, TX 77098

Adriana Resendez
5917 N. 22nd St.
McAllen, TX 78504

Allscripts
24630 Network Place
Chicago, IL 60673-1246

Ambrose Hernandez
3404 San Eduardo
Mission, TX 78572

Ana Rodriguez
Legacy Home Health Agency, Inc.
3605 Plantation Grove Blvd.
Mission, TX 78572

Apex Primary Care, Inc.
c/o Mr. John J. Rivas
Rivas Goldstein, LLP
7035 Bee Cave Rd., Suite 200
Austin, TX 78746

AT&T
P.O. Box 5001
Carol Stream, IL 60197-5001

Avaya Financial Services
P.O. Box 93000
Chicago, IL 60673-3000

Bee County Tax Assessor
Linda G. Bridge
401 N. Washington
Beeville, TX 78102

Bexar County Tax Assessor
P.O. Box 839950
San Antonio, TX 78283-3950

Cameron County Tax Assessor
Tony Yzaguirre, Jr.
1390 W. Expressway 83
San Benito, TX 78586

Care Improvements Plus
P.O. Box 488
Linthicum, MD 21090-0488

Centinela Properties
509 N. San Antonio
Rio Grande, TX 78582

CIT Finance, LLC
c/o David V. Wilson, II
1233 West Loop, South, Suite 1000
Houston, TX 77027

CIT Technology Financial Services
21146 Network Place
Chicago, IL 60673-1211

Dahill
P.O. Box 314
San Antonio, TX 78292-0314

Dorthy Pillow
c/o Robert Hillard
Hillard, Munoz & Gonzales
719 S. Shoreline Blvd., #500
Corpus Christi, TX 78401

Fifth Third Bank
38 Fountain Square Plaza
Cincinnati, OH 45263

Ford Motor Credit
Attn: Bankruptcy Dept.
P.O. Box 1722
Dearborn, MI 48121

Gina Lucio
220 South Lackland St.
Edcouch, TX 78538

Guadalupe Guzman
2928 Maguerite St.
Corpus Christi, TX 78405

Hidalgo Tax Assessor
P.O. Box 178
Edinburg, TX 78540-0178

Infiniti Financial Services
P.O. Box 78132
Phoenix, AZ 85062-8132

Internal Revenue Service
P.O. Box 21126
Philadelphia, PA 19114

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Keith West
Atlas Global Trade Solutions
2400 Veterans Blvd., Suite 300
Kenner, LA 70062

Kingsville Home Rehab Services, Inc.
100 E. Kleberg Ave., Suite 210
Kingsville, TX 78363

Kleberg County Tax
P.O. Box 1457
Kingsville, TX 78364-1457

L. Bradley Hancock
Greenberg Traurig, LLP
1000 Louisiana St., Suite 1700
Houston, TX 77002

Lincoln AFS
P.O. Box 542000
Omaha, NE 68154-8000

Linebarger Goggan Blair & Sampson
711 Navarro, Suite 300
San Antonio, TX 78205

Ms. Christine D. Cone
Donnell, Abernethy & Kieschnick, PC
555 N. Carancahua St., Suite 1770
Corpus Christi, TX 78401-0853

Ms. Valerie C. Glass
Mr. Charlie Downing
Atlas, Hall & Rodriguez, LLP
P.O. Drawer 3725
McAllen, TX 78502

Navy Army Federal Credit Union
P.O. Box 81349
Corpus Christi, TX 78468-1349

Nueces County Tax Assessor
P.O. Box 2810
Corpus Christi, TX 78403-2810

Old Lipan
615 Upper Broadway
Corpus Christi, TX 78401

Pitney Bowes
P.O. Box 371887
Pittsburgh, PA 15250-7887

PlayMaker
111 Southeast Pkwy. Court
Franklin, TN 37064

Protection One (Express Recovery Svc)
P.O. Box 26415
Salt Lake City, UT 84126-0415

Royston Razor
802 N. Carancahua, Suite 1300
Corpus Christi, TX 78401-0021

Superior Healthplan, Inc.
4501 S. Expressway 83
Harlingen, TX 78550

U.S. Attorney
601 NW Loop 410, Suite 600
San Antonio, TX 78216

U.S. Attorney General of
Main Justice Bldg., #5111
10th & Constitutional Ave., NW
Washington, DC 20530

Verizon
P.O. Box 660108
Dallas, TX 75266-0108

Verizon
McCarthy, Burgess & Wolf
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